

USAF Refractive Surgery (USAF-RS) Program
Commander's Authorization Form
Obtaining Refractive Surgery from a Civilian Source

Printed Name/Grade:	
Signature	

The above member requests permission to obtain refractive surgery to correct their vision from a civilian provider. **AFI 48-123, chapter 12, dated 24 September 2009 authorizes this elective treatment** and is available online at <https://kx.afms.mil/USAF-RS>.

IAW *AFI 48-123, para 12.4.3*, Air Force personnel must have 6 months of active duty (AD) retainability (time until separation, retirement or loss of AD status) from date of surgery.

Military members are authorized civilian RS treatment/follow-up at his/her own expense within the guidelines set in AFI 41-210, *Patient Administration Functions*, para 3.9 guidelines (electing optional medical care).

Active Duty personnel must be counseled by their military Medical Treatment Facility (MTF) prior to the surgery (DoDI 1332.39, Para. 6.1.6). This is to ensure the Active Duty member understands that elective procedures obtained at their own expense could adversely affect their military disability benefits in the event of an undesirable outcome.

Active Duty personnel must have written approval of the member's squadron commander and the Medical Treatment Facility (MTF) commander prior to any non-refundable deposits (surgery, airline tickets, etc) being made (AFI 44-102, Para 6.2).

Active Duty personnel must take regular leave for the procedure (AFI 36-3003, Table 2, rule 8).

Active Duty personnel **are required** by instruction to notify their MTF (Optometry/PCM) within 72 hours of being treated in a civilian facility (AFI-41-210, para 3.9).

The MTF (Optometry/PCM) will initiate a Duty Limiting Condition Report, AF Form 469, (not world-wide qualified [WWQ]) when the patient returns from RS procedure. Member will not deploy or PCS while on steroid eye drops after any RS. **The individual will be off mobility status and not eligible to PCS for up to four months** while on steroid eye drops. Recovery from surgery will impact the individual's activities. Expect some limitations on routine duties for up to one month depending on vision standards applicable to individuals' AFSC. The wear of sunglasses outdoors for the first year is required to prevent complications.

IAW *AFI 48-123, para 12.4.2.*, the **Commander's Authorization is valid for 6 months from date of signature**. Individuals will be required to re-accomplish the authorization letter if surgery is scheduled for more than 6 months from the date it is signed.

Member's Job Title _____ AFSC: Duty _____ Primary _____

AASD ONLY: Aviations Service Code (ASC) _____

Date of current separation, retirement or loss of AD status: _____

To best of your knowledge, is the member scheduled to deploy or PCS during the next 6 months? **YES NO**

Endorsement of this form indicates your concurrence with the member's absence and/or duty limitations following elective surgery. If you have any questions regarding this notification, please contact the MTF or Optometry Clinic.

Supervisor	Printed Name/Grade Stamp, if applicable		Date
	Signature		Phone
Unit Mobility Officer	Printed Name/Grade Stamp, if applicable		Date
	Signature		Phone
Squadron Commander	Name / Grade SQ/CC stamp req'd		Date
	Signature		Phone
Health Benefits Advisor	Name / Grade Stamp, if applicable		Date
	Signature		Phone
Medical Treatment Facility Commander	Name / Grade MDG/CC stamp req'd		Date
	Signature		Phone